

12/06/01
JC678 U.S. PTO

12-17-01

A

Commissioner for Patents
Washington, DC 20231
ATTN: BOX PATENT APPLICATION

Sheet 1 of 2

UTILITY
PATENT APPLICATION
TRANSMITTAL
Docket No.: 00-102
Date: December 6, 2001

10/016180
JC832 U.S. PTO
12/06/01

U.S. Express Mail Label No.: EL744441805US

Inventor Name(s):
JAMES W. LANDES AND MARK E. RETTIG

Title:
METHOD AND APPARATUS FOR PARASITIC LOAD COMPENSATION

Fee Transmittal Form Attached in Duplicate

Specification and Claim(s) [Total Pages 34]

Drawing(s) [Total Sheets 5]
FORMAL

Declaration [Total Pages 1]

Newly Executed (Original or Copy)

Copy From Prior Application (37 CFR § 1.63(d))

Deletion of Inventor(s) (37 CFR § 1.63(d)(2))
(Signed Statement Attached)

Assignment Papers (Cover Sheet and Document(s))

37 CFR § 3.73(b) Statement (if applicable) Power of Attorney

English Translation Document (if applicable)

Information Disclosure Statement (IDS)/PTO-1449

Copies of IDS Citations

Preliminary Amendment

Return Receipt Postcard (Specifically Itemized)

Certified Copy of Priority Document(s)

Other

--Continue Next Page--

If a Continuing Application

Continuation Divisional Continuation-In-Part (CIP)

of prior Application No.: ;

Examiner: ; and

Group/Art Unit:

Cancel Claims:

For Continuations or Divisional Applications only: The entire disclosure of the prior application, from which an oath or declaration is supplied, as set forth above, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference.

Correspondence Address:

Customer Number or Bar Code Label: 719

or

Correspondence address below:

Name:

Address:

City:

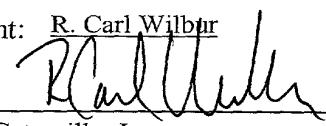
State:

Zip Code:

Country:

Attorney/Agent: R. Carl Wilbur

Registration No.: 36,056

Signature: 

Date: 12/01/01

Caterpillar Inc.

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FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision

TOTAL AMOUNT OF PAYMENT (\$ 1,490)

Complete if Known

Application Number	(Unassigned)
Filing Date	(Herewith)
First Named Inventor	James W. Landes ET AL
Examiner Name	(Unassigned)
Group Art Unit	(Unassigned)
Attorney Docket No.	00-102

10/16/01
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10/16/01

METHOD OF PAYMENT

1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to.

Deposit Account Number	03-1129
Deposit Account Name	

Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17

Applicant claims small entity status
See 37 CFR 1.27

2. Payment Enclosed:

Check Credit card Money Order Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
101	740	201	370
106	330	206	165
107	510	207	255
108	740	208	370
114	160	214	80
SUBTOTAL (1) (\$ 740)			

2. EXTRA CLAIM FEES

Total Claims	Independent Claims	Multiple Dependent	Extra Claims	Fee from below	Fee Paid
43	7		-20** = 23	X 18 = 414	
			- 3** = 4	X 84 = 336	

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	
103	18	203	9
102	84	202	42
104	280	204	140
109	84	209	42
110	18	210	9
** Reissue independent claims over original patent			
** Reissue claims in excess of 20 and over original patent			
SUBTOTAL (2) (\$ 750)			

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
105	130	205	65
127	50	227	25
139	130	139	130
147	2,520	147	2,520
112	920*	112	920*
113	1,840*	113	1,840*
115	110	215	55
116	400	216	200
117	920	217	460
118	1,440	218	720
128	1,960	228	980
119	320	219	160
120	320	220	160
121	280	221	140
138	1,510	138	1,510
140	110	240	55
141	1,280	241	640
142	1,280	242	640
143	460	243	230
144	620	244	310
122	130	122	130
123	50	123	50
126	180	126	180
581	40	581	40
146	740	246	370
149	740	249	370
179	740	279	370
169	900	169	900
Other fee (specify) _____			

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 0)

Complete if applicable

Name (Print/Type)	R. Carl Wilbur	Registration No. (Attorney/Agent)	36,056	Telephone	(309) 675-5847
Signature	R. Carl Wilbur			Date	12/06/2001

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